

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NV
APPLICATION YEAR: 2009

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[Secs. 504 (d) and 505(a)(3)(4)]

\$ 51,161,470

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number:

Main

Field Name:

CDC

Row Name:

Other Federal Funds - CDC

Column Name:

Year:

2009

Field Note:

Oral Health \$400,000
Rape Prevention & Ed. \$263,024
Core Injury Prevention \$131,000
Sexual Assault \$ 46,472
Early Hearing Detection \$150,000
2.

Section Number:

Main

Field Name:

OtherFedFundsOtherFund

Row Name:

Other Federal Funds - Other Funds

Column Name:

Year:

2009

Field Note:

Primary Care \$210,147
Newborn Hearing \$115,542
SEARCH \$168,000

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,154,866	\$ 1,614,364	\$ 1,996,035	\$ 1,849,339	\$ 1,976,405	\$ 1,861,285
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 150,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,616,150	\$ 1,210,773	\$ 1,497,027	\$ 1,380,995	\$ 1,482,304	\$ 1,395,964
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,921,016	\$ 2,825,137	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 37,225,573	\$ 39,157,753	\$ 39,489,037	\$ 40,476,173	\$ 47,224,459	\$ 41,219,201
9. Total <i>(Line11, Form 2)</i>	\$ 41,146,589	\$ 41,982,890	\$ 43,132,099	\$ 43,706,507	\$ 50,833,168	\$ 44,476,450
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,976,405	\$ 1,835,626	\$ 1,837,036	\$ 0	\$ 1,837,036	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,482,304	\$ 1,376,719	\$ 1,377,777	\$ 0	\$ 1,377,777	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 0	\$ 3,214,813	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 49,207,697	\$ 43,516,956	\$ 46,654,854	\$ 0	\$ 47,946,657	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 52,816,406	\$ 46,729,301	\$ 50,019,667	\$ 0	\$ 51,161,470	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
Balance forward of \$150,000 is maintained each year to provide cash for program expenditures into the future year in the event funding is delayed through legislative actions.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2006
Field Note:
Balance forward of \$150,000 is maintained each year to provide cash for program expenditures into the future year in the event funding is delayed through legislative actions.
3. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
WIC program expenditures were below state budget levels for the year. In addition, there were several personnel vacancies in grant funded programs that contributed to the expenditure shortfall for the year.
4. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2006
Field Note:
Program expenditures for the WIC program did not meet budgeted amounts due to administrative and food cost savings generated by the implementation of Electronic Benefits Transfer program for WIC clients. The WIC program was included in the budget at \$44,489,283 for FY 06 and the expenditures were \$38,958,639, a reduction of \$5,530,644. Also, The Real Choices Systems Change grant was included in the budget For FY 06 at \$751,434, while expenditures were \$464,935, a difference of \$286,499.

All other grants were almost 100% expended per grant.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,235,176	\$ 1,148,043	\$ 1,446,253	\$ 1,410,605	\$ 1,432,657	\$ 1,540,567
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 1,235,177	\$ 722,686	\$ 929,734	\$ 776,271	\$ 920,220	\$ 611,799
d. Children with Special Healthcare Needs	\$ 1,235,177	\$ 758,694	\$ 1,067,472	\$ 845,328	\$ 1,058,192	\$ 917,694
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 215,486	\$ 195,714	\$ 199,603	\$ 198,130	\$ 197,640	\$ 187,189
g. SUBTOTAL	\$ 3,921,016	\$ 2,825,137	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 100,000		\$ 178,466	
d. Abstinence Education	\$ 286,165		\$ 286,164		\$ 286,164	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 35,129,209		\$ 37,243,109		\$ 44,489,283	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 766,538		\$ 802,753		\$ 866,568	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Other - See Notes	\$ 0		\$ 587,498		\$ 552,544	
Real Choices	\$ 0		\$ 369,513		\$ 751,434	
CMS-Real Choices	\$ 369,513		\$ 0		\$ 0	
PHHS	\$ 46,470		\$ 0		\$ 0	
Primary Health Care	\$ 527,678		\$ 0		\$ 0	
III. SUBTOTAL	\$ 37,225,573		\$ 39,489,037		\$ 47,224,459	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,432,657	\$ 1,360,409	\$ 1,520,496	\$ 0	\$ 1,361,456	\$ 0
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 920,220	\$ 713,344	\$ 604,875	\$ 0	\$ 725,961	\$ 0
d. Children with Special Healthcare Needs	\$ 1,058,192	\$ 942,878	\$ 1,055,739	\$ 0	\$ 943,693	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 197,640	\$ 195,714	\$ 183,703	\$ 0	\$ 183,703	\$ 0
g. SUBTOTAL	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 0	\$ 3,214,813	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 286,246		\$ 280,174		\$ 280,186	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 46,881,514		\$ 44,682,357		\$ 45,947,642	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 867,539		\$ 855,504		\$ 990,496	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Other - See Notes	\$ 562,715		\$ 602,175		\$ 493,689	
Real Choices	\$ 369,683		\$ 0		\$ 0	
III. SUBTOTAL	\$ 49,207,697		\$ 46,654,854		\$ 47,946,657	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 06. The percentage for FY 06 is 47.3%. $(\$3,364,813 \text{ less } \$150,000) \times .473 = \$1,520,496$. (rounded)
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 39.7%. $(\$3,608,709 \times .397 = \$1,432,657$.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 18.8%. $(\$3,364,813 \text{ less } \$150,000) \times .188 = \$604,875$. (rounded)
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 25.5%. $(\$3,608,709 \times .255 = \$920,220$.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2006
Field Note:
Expenditures for children and adolescents met the grant percentage requirements, but the budgeted revenues did not materialize and expenditures were reduced to remain in line with available revenues.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 28.2%. $(\$3,364,813 \text{ less } \$150,000) \times .282 = \$906,577$. Added to this budget total is the carry forward amount of \$150,000 to match the grant application total. (rounded)
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 29.3%. $(\$3,608,709 \times .255 = \$1,057,352$. This budget total is rounded up by \$840 to match the grant application total.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2006
Field Note:
Payments for Direct Services to providers continued to decrease for the Children with Special Health Care Needs as children with needs continued to be referred to other programs (i.e. Medicaid and Nevada Check Up).

11. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Administrative expenditures are 10% of the grant application total request.
12. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2006
Field Note:
Administrative expenditures are 10% of the grant application total request.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,686,037	\$ 1,170,545	\$ 1,384,364	\$ 835,058	\$ 1,494,006	\$ 822,857
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 744,993	\$ 572,943	\$ 837,904	\$ 626,057	\$ 732,568	\$ 706,537
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,097,884	\$ 756,522	\$ 1,109,191	\$ 1,357,401	\$ 967,134	\$ 1,172,258
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 392,102	\$ 325,127	\$ 311,603	\$ 411,818	\$ 415,001	\$ 555,597
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,921,016	\$ 2,825,137	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 934,656	\$ 876,987	\$ 862,137	\$ 0	\$ 877,660	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 700,090	\$ 795,828	\$ 747,332	\$ 0	\$ 796,441	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,515,657	\$ 1,002,136	\$ 1,206,985	\$ 0	\$ 1,002,906	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 458,306	\$ 537,394	\$ 548,359	\$ 0	\$ 537,806	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 0	\$ 3,214,813	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 05 is 25.3%. $(\$822,857 / \$3,257,249 = 25.3\%)$. $(\$3,214,813 \times .253 = \$812,137$, plus \$50,000 from carry forward = \$862,137.
- 2. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 25.9%. $(\$835,058 / \$3,230,334 = 25.9\%)$. $(\$3,608,709 \times .259 = \$934,656$.
- 3. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 41.4%. $(\$3,608,709 \times .414 = \$1,494,006$.
- 4. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expenditures for Direct Health Care Services were 6.2% below the budgeted amount. This is due, primarily, to the amount of MCH funds available (\$1,837,036) being below the amount budgeted for the year (\$1,976,405).
- 5. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
Expenditures for Direct Services were reduced because the budgeted revenues did not materialize and expenditures were reduced to remain in line with available revenues. In addition, the state has attempted to focus expenditures more for Enabling, Population-Based and Infrastructure type expenditures.
- 6. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 21.7%. $(\$706,537 / \$3,257,249 = 21.7\%)$. $(\$3,214,813 \times .217 = \$697,332$, plus \$50,000 from carry forward = \$747,332. (rounded)
- 7. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 19.4%. $(\$626,057 / \$3,230,334 = 19.4\%)$. $(\$3,608,709 \times .194 = \$700,090$.
- 8. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 20.3%. $(\$3,608,709 \times .203 = \$732,568$.
- 9. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
- 10. Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 36.0%. $(\$1,172,258 / \$3,257,249 = 36.0\%)$. $(\$3,214,813 \times .360 = \$1,157,985$ plus \$50,000 from carry forward = \$1,206,985. (rounded)

11. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 42.0%. $(\$1,357,401 / \$3,230,334 = 42.0\%)$. $(\$3,608,709 \times .420 = \$1,515,657)$.
12. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 26.8%. $(\$3,608,709 \times .268 = \$967,134)$.

Newborn screening services reported under Population-Based Services tests for 31 anomalies, utilizing tandem mass spectrometry technology that was implemented in 2004.
13. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
14. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2006
Field Note:
Expenditures for Population-Based Services exceeded the budgeted amount. The state has attempted to focus expenditures more for Enabling, Population-Based and Infrastructure type expenditures and reduce expenditures for Direct Services. In addition, the expenditure variance would have been greater due to the budget being based on a higher anticipated revenue level with a greater percentage of expenditures being for Direct Services.
15. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 17.1%. $(\$555,597 / \$3,257,249 = 17.1\%)$. $(\$3,214,813 \times .171 = \$549,733 \text{ less } \$1,374 \text{ to balance to grant total budget})$.
16. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 12.7%. $(\$411,818 / \$3,230,334 = 12.7\%)$. $(\$3,608,709 \times .127 = \$458,306)$.
17. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 11.5%. $(\$3,608,709 \times .115 = \$415,001)$.
18. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
19. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2006
Field Note:
Expenditures for Infrastructure Building Services exceeded the budgeted amount. The state has attempted to focus expenditures more for Enabling, Population-Based and Infrastructure type expenditures and reduce expenditures for Direct Services. In addition, the expenditure variance would have been greater due to the budget being based on a higher anticipated revenue level with a greater percentage of expenditures being for Direct Services.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: NV						
Total Births by Occurrence: <u>40,703</u>				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	40,174	98.7	6	2	2	100
Congenital Hypothyroidism	40,174	98.7	407	14	14	100
Galactosemia	40,174	98.7	10	0	0	
Sickle Cell Disease	40,174	98.7	13	12	12	100
Other Screening (Specify)						
Biotinidase Deficiency	40,174	98.7	26	5	5	100
Hemoglobinopathies	40,174	98.7	21	15	15	100
Congenital Adrenal Hyperplasia (CAH)	40,174	98.7	150	2	2	100
Hyperphenylalaninemia	40,174	98.7	1	1	1	100
Screening Programs for Older Children & Women (Specify Tests by name)						

FORM NOTES FOR FORM 6

Percent newborns screened was estimated from linking newborn screens to the birth registry. Out of 40,703 total births 40,174 were linked successfully to the birth registry ($40,174 / 40,703 = 98.7\%$). The percent screened is likely higher than this, but linking data can be problematic due to inconsistencies in the data contained on the NBS bloodspot card and entered in the birth registry.

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NV

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	6,813	20.6	1.0	4.4	68.2	5.8
Infants < 1 year old	40,652	7.0	4.7	58.3	18.0	12.0
Children 1 to 22 years old	34,288	12.2	5.2	14.4	57.6	10.6
Children with Special Healthcare Needs	3,738	32.2	2.7	44.0	12.6	8.5
Others	13,958	12.2	1.0	18.4	57.3	11.1
TOTAL	99,449					

FORM NOTES FOR FORM 7

Coverage breakdown estimates for infants < 1 year year old and children 1 - 22 were from pooled 2005 and 2006 Nevada coverage data provided by the Kaiser Family Foundation. Title XXI estimates were provided from Nevada Medicaid.

To avoid duplication 51 positive newborn screening cases were subtracted from infants <1 year old because they were included in the Children with SpecialHealthcare needs (40,703 - 51 = 40,652)

Field Level Notes

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NV

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	39,893	32,245	3,495	425	2,998	227	0	503
Title V Served	6,813	5,177	448	76	370	27	0	715
Eligible for Title XIX	26,670	21,661	2,340	285	2,026	153	0	205
INFANTS								
Total Infants in State	40,703	32,846	3,590	437	3,080	233	0	517
Title V Served	40,652	32,805	3,586	436	3,077	232	0	516
Eligible for Title XIX	10,583	8,540	933	114	801	61	0	134

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	24,056	15,201	636	12,456	247	313	1,711	474
Title V Served	5,290	1,462	61	1,198	24	30	164	46
Eligible for Title XIX	15,695	10,530	445	8,626	170	217	1,185	332
INFANTS								
Total Infants in State	24,713	15,348	642	12,576	249	316	1,728	479
Title V Served	24,102	15,886	664	13,017	258	327	1,788	496
Eligible for Title XIX	6,426	3,990	167	3,270	65	82	449	124

FORM NOTES FOR FORM 8

Title XIX eligible deliveries was estimated from census poverty data adjusted to the 2007 population.

Title XIX eligibles were estimated utilizing the Kaiser Family Foundation State Medicaid Fact Sheet.

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>
2. State MCH Toll-Free "Hotline" Name	MCH Campaign	MCH Campaign	MCH Campaign	MCH Campaign	MCH Campaign
3. Name of Contact Person for State MCH "Hotline"	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>
4. Contact Person's Telephone Number	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>836</u>	<u>1,077</u>	<u>1,131</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(866) 254-3946</u>	<u>(866) 254-3946</u>	<u>(866) 254-3946</u>	<u>(866) 254-3964</u>	<u>866 254-3964</u>
2. State MCH Toll-Free "Hotline" Name	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services
3. Name of Contact Person for State MCH "Hotline"	<u>Brad Towle</u>	<u>Brad Towle</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>
4. Contact Person's Telephone Number	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>775 684-4285</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,008</u>	<u>1,302</u>	<u>809</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[SEC. 506(A)(1)]
STATE: NV

1. State MCH Administration:
(max 2500 characters)

Nevada's Title V Maternal and Child Health Program is administered through the Bureau of Family Health Services, Nevada State Health Division, Department of Health and Human Services. Programs under MCH include Children and Youth with Special Health Care Needs (CYSHCN), which includes newborn screening, newborn hearing screening, multidisciplinary clinics, and Nevada Birth Outcomes Monitoring system (formerly Birth Defects Registry); Maternal, Child and Adolescent Health, which includes Perinatal Substance Abuse Prevention, the MCH Campaign (which includes the MCH Information and Referral Line), teen pregnancy prevention, injury and rape prevention, early childhood systems development and middle childhood systems development; Oral Health which includes sealant initiatives, early childhood caries prevention, and fluoridation; and WIC, which includes breastfeeding promotion.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,837,036
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,377,777
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 3,214,813

9. Most significant providers receiving MCH funds:

Renown Pregnancy Center
University Medical Center
University of Nevada School of Medicine
Oregon State Public Health Laboratory

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	6,813
b. Infants < 1 year old	40,652
c. Children 1 to 22 years old	34,288
d. CSHCN	3,738
e. Others	13,958

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Nevada's direct and enabling services includes the CYSHCN program which pays for treatment for eligible children. It includes the multidisciplinary clinics in the areas of genetics, metabolics, cleft/craniofacial, fetal alcohol syndrome, and developing in 2008 endocrine and hemoglobin. These clinics provide evaluation, diagnosis, and recommendations for treatment and referrals. It also includes clinics for adolescents in Reno and Las Vegas and supports community health nursing in Nevada's rural counties.

b. Population-Based Services:
(max 2500 characters)

Nevada's newborn screening program screened 98.7 percent of infants in 2007; its newborn hearing program screened 98.8 percent of the infants born in the state. In 2008 newborn screening added cystic fibrosis to the screening panel, bringing to 32 the number of disorders screened for. The newborn hearing screening program partners with Nevada Early Intervention Services to ensure infants who fail the screening are appropriately tested for confirmation. The MCH Toll-Free Information and Referral Line is available statewide as is the Bureau web page, to inform the public of available services and how to get ahold of them.

c. Infrastructure Building Services:
(max 2500 characters)

Nevada Birth Outcomes Monitoring System has completed reports for 2005 and 2006, and is working on 2007. Oral Health and Injury Prevention continue to have biostatisticians on staff who are producing reports that may be found posted on the Bureau's web site. The SSDI grant continues to provide staff to work on the MCH Block Grant and other data of interest to the Bureau. The MCH Epidemiologist is finishing the Child and Adolescent Profile; she is currently working with the Bureau's Public Service Intern 2 to keep ongoing surveillance on MCH measures.

12. The primary Title V Program contact person:

Name	Judith M. Wright
Title	Bureau Chief
Address	3427 Goni Road, STE 108
City	Carson City
State	NV

13. The children with special health care needs (CSHCN) contact person:

Name	Brad Towle
Title	CYSHCN Manager/Health Program Specialist 2
Address	3427 Goni Road, STE 108
City	Carson City
State	NV

Zip	89706
Phone	775 684-4285
Fax	775 684-4245
Email	jwright@health.nv.gov
Web	http://www.health.nv.gov

Zip	89706
Phone	775 684-4285
Fax	775 684-4245
Email	btowle@health.nv.gov
Web	http://www.health.nv.gov

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund1
Row Name:
Column Name:
Year: 2009
Field Note:
Renown was formerly known as Washoe Pregnancy Center.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 11

(Data Source: Centers for Disease Control Pediatric Nutrition Surveillance System for WIC)

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	99	99	99	99	99
Annual Indicator	99.6	99.0	98.4	100.0	100.0
Numerator	33,036	34,384	35,794	49	51
Denominator	33,168	34,730	36,377	49	51

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

This is the second year that Nevada has linked NBS data to birth certificate data. The total births for Nevada is determined from birth certificate records and although this data is fairly complete, there may be a few more late submissions for 2006.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

For the first time this number is from a match of newborn screen records and birth certificates.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	55	58	60	65	60
Annual Indicator	54.6	54.6	54.6	54.6	47.5
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	50	55	55	55	55
Annual Indicator	49.1	49.1	49.1	49.1	41.2
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	42	42	42	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	56	58	60	62	64
Annual Indicator	55.4	55.4	55.4	55.4	53.5
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	54	54	54	56	56
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	75	78	80	82	80
Annual Indicator	75.1	75.1	75.1	75.1	82.6
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	83	83	83	86	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6	10	11	12	17
Annual Indicator	5.8	5.8	5.8	5.8	41.7
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	42	42	42	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure. This data is SLAITS data that the State has no control over.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	78	75	75	70	72
Annual Indicator	74.4	74.5	66.7	69.3	65.4
Numerator		31,160			
Denominator		41,826			

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	67	69	70	71	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

This data is from "Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area. U.S. National Immunization Survey, Q3/2006 - Q2/2007

2. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

This data is from CDC for 2005-2006. Full year 2006 data is not available until around August 31, 2007

3. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

This data is from CDC for 2005 data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	30	27	26	25	25
Annual Indicator	27.5	26.7	26.4	26.4	25.9
Numerator	1,257	1,266	1,353	1,415	1,440
Denominator	45,749	47,362	51,274	53,593	55,520

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	24	24	23	23	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Final data- updated in 2008

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	43	38	38	40	42
Annual Indicator	32.5	32.5	33.0	41.0	41.0
Numerator			10,350	13,109	13,683
Denominator			31,364	31,973	33,372

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	44	46	47	48	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Children were not resurveyed in 2007. This is an estimate based on prior year (2006).

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is based on a statewide screening of children enrolled in third grade conducted in 2006

3. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Children were not resurveyed in 2005. This is an estimate based on prior year.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	3	2	2.5	2.4	2.3
Annual Indicator	4.3	4.0	4.6	3.3	3.9
Numerator	21	20	24	18	22
Denominator	483,936	497,677	526,084	549,579	569,703

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2.2	2	2	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data for the denominator was provided by the Nevada CHDR.

Due to The Electronic Death Registry is now in the final step of implementation, breakdowns by cause of death are not yet available, the numerator reported was estimated using the methodology "percentages rolling", based in the 2003-06 data.

2. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

This is an estimate as death data is not yet available.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				25	27
Annual Indicator			22.7	23	26.5
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	32	35	38	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

2. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

The data from CDC PedNSS is for WIC 2006. The only breastfeeding data at six months Nevada has is WIC data.

3. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

This data from CDC is for 2004. The 2005 data will not be available until October 2006.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	85	94	95	97	97
Annual Indicator	94.3	92.5	96.2	96.7	98.8
Numerator	30,958	31,815	35,116	37,834	38,744
Denominator	32,834	34,384	36,485	39,122	39,209

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	99	99	99	99	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	19	18	18	17	17
Annual Indicator	19.1	17.7	18.6	17.9	18.8
Numerator	110,568	105,473			122,018
Denominator	578,890	595,895			648,797

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	16	14	14	13	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 indicator is from the U.S. Bureau Current Population Survey 2007 (new source of data for 2007)

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is from GBPCA based on a study by Decision Analytics using 2006 population estimates.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

this is an estimated measure

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				15	14.5
Annual Indicator			15.8	15	12.6
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	11	11	10	10	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

This data is from the Centers for Disease Control Pediatric Nutrition Surveillance System for WIC. It is reported as 85% - 95% and >95%. What is reported here is the > 95% rate.

2. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

This data is from CDC's PedNSS for WIC 2006.

3. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

This data from CDC analysis of WIC data is from 2004. 2005 data will not be available until October 2006.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				7	6
Annual Indicator			7.6	7.0	6.6
Numerator			2,771	2,738	2,677
Denominator			36,479	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	5	5	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

This data comes from the Bureau of Health Planning and Statistics, CHDR. Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7	6	14	7	6
Annual Indicator	13.2	11.5	14.1	11.3	11.9
Numerator	21	19	25	21	23
Denominator	159,580	165,297	177,850	185,872	192,575

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data for the denominator was provided by the Nevada CHDR.

Due to The Electronic Death Registry is now in the final step of implementation, breakdowns by cause of death are not yet available, the numerator reported was estimated using the methodology "rolling of percentages", based in the 2003-06 data.

2. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

This is 2005 data. The CHDR does not have 2006 data as it is converting to an electronic death certificate. At this time there is only 3 or 4 months of 2006 data available. CHDR indicates they do not think there is much if any change between 2005 and 2006. 2006 data will be available next year.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	95	95	95	95	97
Annual Indicator	89.8	86.6	95.2	98.1	97.1
Numerator	388	382	455	515	495
Denominator	432	441	478	525	510

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	97	97	98	98	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	76	77	80	74	76
Annual Indicator	75.5	74.4	67.2	64.2	64.7
Numerator	25,362	26,157	25,032	25,199	26,080
Denominator	33,605	35,147	37,259	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	78	80	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 1

The percent of women of child-bearing age who receive screening and assistance for domestic violence should be increased.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective	18	10	10	10	15
Annual Indicator	0.1	0.1	0.1	0.1	0.1
Numerator	35,814	38,229	30,288	30,015	28,982
Denominator	484,433	497,955	528,027	498,297	515,208
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2

The rate of significant Medicaid dental providers to the Medicaid population of children, youth and women of childbearing age (15-44) should be increased.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				1.9	2
Annual Indicator			1.8	1.5	1.9
Numerator			298	344	422
Denominator			167,271	235,066	222,530
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	2	2.1	2.2	2.3	2.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2006

Field Note:

Medicaid data is not yet available, but Medicaid made great strides in opening up dental care for Medicaid clients in 2006. This is an estimate.

2. **Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

STATE PERFORMANCE MEASURE # 3

The percent of obese women ages 18 to 44 should be decreased.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				18	18
Annual Indicator			19.7	23.0	21.9
Numerator			104,021	98,268	94,783
Denominator			528,027	426,760	433,217
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	17	17	16	16	16
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2007

Field Note:

This data is from Nevada's preliminary 2007 BRFSS report.

2. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2006

Field Note:

This data is from Nevada's final 2006 BRFSS report.

STATE PERFORMANCE MEASURE # 6

The percent of children and youth ages birth through aged 18 who died from unintentional injuries should be decreased.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				5	5
Annual Indicator	12.2	13.3	10.9	12.0	12.2
Numerator	76	85	73	84	88
Denominator	625,350	641,220	667,830	697,715	723,176
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data for the denominator was provided by the Nevada CHDR.

Due to The Electronic Death Registry is now in the final step of implementation, breakdowns by cause of death are not yet available, the numerator reported was estimated using the methodology "percentages rolling", based in the 2003-06 data.

2. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2006

Field Note:

As noted on NPM 16 the CHDR is converting to electronic death certificates and 2006 data is not available at this time and will not be until sometime next year. The CHDR feels there has not been a great change in the data from 2005.

STATE PERFORMANCE MEASURE # 8

The percent of women (18-44) who feel down or depressed should be decreased.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				30	30
Annual Indicator			55.1	42.8	51.0
Numerator			290,954	187,963	238,537
Denominator			528,047	439,213	467,389
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	29	28	28	28	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2007

Field Note:

Weighted percentage of women (18-44) who answered their mental health was not good at least 1 day during the past 30 days. (BRFSS)

2. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

The annual number here is the weighted percentage from BRFSS for all women ages 18-44 who answered feeling down or depressed at least 1 day during the last 30 days.

STATE PERFORMANCE MEASURE # 9

The percent of children kindergarten - grade six who have access to a school based health center in Clark County should be increased.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

Clark County is the only county in Nevada that has schools with SBHC. Currently only 3 elementary schools are equipped with these centers. We currently are awaiting for the # of children k-6 who are enrolled in school based health centers (numerator). Some of these centers have only been in operation for 6 months because they were lacking medical directors. Therefore, we do not have reliable data to report for the numerator.

The denominator is 148,773. This data came from NV Annual Reports of Accountability provided by NV Dept of Education.

STATE PERFORMANCE MEASURE # 10

Percent of CSHCN program enrollees with follow-up visits from a nutritionist should be increased.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					10.2
Numerator					23
Denominator					226
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	25	50	75	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is from CSHCN program

STATE PERFORMANCE MEASURE # 11

The percent of pregnant women and those who are suspected of being pregnant who are screened for Alcohol, Tobacco And Other Drugs (ATOD) and referred in Reno, NV should be decreased.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					34.7
Numerator					26
Denominator					75
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	35	32	30	28	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #11
Field Name: SM11
Row Name:
Column Name:
Year: 2007
Field Note:
This initiative started May 19,2008. Data is for 6 weeks.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NV

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6	6	6	6	6
Annual Indicator	5.6	6.2	5.6	6.8	4.9
Numerator	189	219	209	268	198
Denominator	33,605	35,147	37,259	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator was projected using trend to create moving average.

2. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.5	2.5	2	2	1.5
Annual Indicator	2.1	3.3	2.9	2.3	2.0
Numerator	12.1	19	13.4	15.9	9.6
Denominator	5.9	5.8	4.6	7	4.9

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1.5	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Race breakdown not available for 2007, so the ratio was projected using trend by create moving average.

2. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Race breakdown not available for 2006, so the ratio was projected using trend by create moving average.

3. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	3.4	3.3	3.2	3.1	3
Annual Indicator	3.4	4.2	3.3	4.7	3.2
Numerator	115	147	123	183	130
Denominator	33,605	35,147	37,259	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was projected using trend by create moving average.

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

final data updated in 2008

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.3	2.2	2.2	2.2	2.1
Annual Indicator	2.2	2.0	2.3	2.2	1.7
Numerator	74	72	86	85	68
Denominator	33,605	35,147	37,259	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was projected using trend by create moving average.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

final data updated in 2008

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	8.5	9	9	8	8
Annual Indicator	11.2	5.9	10.4	11.4	9.3
Numerator	370	210	389	449	375
Denominator	33,168	35,357	37,522	39,526	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator was projected using trend by create moving average.

2. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	19	18	18	17	17
Annual Indicator	19.9	20.1	22.9	22.7	19.5
Numerator	90	93	112	116	103
Denominator	451,503	462,947	488,529	510,349	529,028

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	16	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator was projected using trend by create moving average.

2. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NV

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NV FY: 2009

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to primary care services, providers, facilities, resources, and payor sources among the MCH populations.
2. Increase access to oral health services, providers, facilities, resources, and payor sources among the MCH populations.
3. Increase access to mental health services, providers, facilities, resources, and payor sources among the MCH populations.
4. Create a unified data system and surveillance system to monitor services delivered to the MCH populations.
5. Create "braided" services for CSHCN resources in Nevada, including "one-stop-shopping" and "no wrong door".
6. Increase financial coverage and decrease financial gaps for health care including dental and mental health care among the MCH populations.
7. Decrease the incidence of domestic violence among women of childbearing age.
8. Decrease the risk factors associated with obesity for children and women.
9. Decrease unintentional injuries among the MCH populations.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NV

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Assist in building an infrastructure for a community based support system for Sickle Cell diseases and traits	Nevada has over 900 Sickle Cell traits and diseases diagnosed each year with few resources available for affected and potentially affected families	Kweku Klaast, North Carolina, and Linda Drawhorn, Chicago, Sickle Cell Association of America
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Assist in building culturally competent programs and services in Nevada	Nevada has a diverse population with limited knowledge of planning, implementing and evaluating a culturally competent service delivery systems	National Center for Cultural Competence
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>11</u>	To build infrastructure for a statewide breastfeeding coalition	Nevada has a fragmented non funded breastfeeding coalition that has strained resources but yearns to be more effective	California
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NV

SP # 1

PERFORMANCE MEASURE:

The percent of women of child-bearing age who receive screening and assistance for domestic violence should be increased.

STATUS:

Active

GOAL

To increase domestic violence screening and assistance among women of childbearing age.

DEFINITION

The percent of the number of women who received screening for domestic violence to the number of women of childbearing age in Nevada.

Numerator:

Number of women of childbearing age (age 15-44) who receive screening and assistance from a domestic violence shelter/agency in a year.

Denominator:

Number of women of childbearing age in the state during the year.

Units: 1 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Domestic Violence Network, State Physician Survey, Bureau of Health Planning and Vital Statistics, other domestic violence partners, police data, clinics and county health department. Data will primarily come from domestic violence shelters/agencies and contracts with the bureau for MCH services.

SIGNIFICANCE

Universal screening will promote greater awareness, knowledge, intervention, and prevention services to women and providers, as well as provide indicators for child abuse and neglect screening.

SP # 2

PERFORMANCE MEASURE:

The rate of significant Medicaid dental providers to the Medicaid population of children, youth and women of childbearing age (15-44) should be increased.

STATUS:

Active

GOAL

The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.

DEFINITION

The ratio of the number of dentists who will accept Medicaid to the Medicaid population.

Numerator:

The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.

Denominator:

The number of children, youth and women of childbearing age in the Medicaid population during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.

SIGNIFICANCE

Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP # <u>3</u>	
PERFORMANCE MEASURE:	The percent of obese women ages 18 to 44 should be decreased.
STATUS:	Active
GOAL	Reduce the percent of obese women in Nevada.
DEFINITION	<p>The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.</p> <p>Numerator: Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.</p> <p>Denominator: All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Behavioral Risk Factor Surveillance System (BRFSS)
SIGNIFICANCE	Obesity leads to chronic diseases and early mortality.

SP # 6

PERFORMANCE MEASURE:

The percent of children and youth ages birth through aged 18 who died from unintentional injuries should be decreased.

STATUS:

Active

GOAL

To reduce the number of children in Nevada from birth through 18 who died from an unintentional injury.

DEFINITION

Number of children from birth through 18 who died from an unintentional injury divided by the children from birth through 18 population per 100,000.

Numerator:

The number of children in Nevada from birth through 18 who died from an unintentional injury.

Denominator:

The number of children in Nevada from birth through 18 years of age.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Injury prevention database, Bureau of Health Planning and Vital Statistics and the State Demographers Office.

SIGNIFICANCE

Reducing the number of deaths from unintentional injuries in children will increase the quality of life for children and families. This is a population based and infrastructure-building services measure.

SP # <u>8</u>	
PERFORMANCE MEASURE:	The percent of women (18-44) who feel down or depressed should be decreased.
STATUS:	Active
GOAL	To reduce the percent of women (18-44) who feel down or depressed.
DEFINITION	<p>Weighted percentage of women (18-44) who answered their mental health was not good at least 1 day during the past 30 days.</p> <p>Numerator: All women (18-44) who answered their mental health was not good at least 1 day during the past 30 days.</p> <p>Denominator: All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Behavioral Risk Factor Surveillance System
SIGNIFICANCE	To improve the mental health of women ages 18-44.

SP # 9

PERFORMANCE MEASURE:

The percent of children kindergarten - grade six who have access to a school based health center in Clark County should be increased.

STATUS:

Active

GOAL

Increase the number of children kindergarten through grade six who have access to health care on the school campus.

DEFINITION

Percent of children with access to number of children in grades kindergarten - grade six in Clark County.

Numerator:

Number of children k-6 in Clark County enrolled in school based health centers

Denominator:

Number of children k-6 enrolled in Clark County School District.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The data will come from the school based health centers and the Clark County School District.

SIGNIFICANCE

Placing school based health clinics in elementary schools that can address the health needs of the school population has been demonstrated to increase academic success while taking care of student health needs.

SP # 10

PERFORMANCE MEASURE:

Percent of CSHCN program enrollees with follow-up visits from a nutritionist should be increased.

STATUS:

Active

GOAL

To ensure that a coordinated continuum of appropriate nutritional consultation exist for the care of children with potential or actual chronic and disabling conditions and their families.

DEFINITION

Reduce to no more than 8% the proportion of people who experience a limitation in major activity due to chronic conditions.

Numerator:

Unduplicated count of CSHCN program enrollees with a follow-up visit from a nutritionist.

Denominator:

Unduplicated count of CSHCN program enrollees

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

17.2 Disability due to chronic conditions

DATA SOURCES AND DATA ISSUES

Currently, the eligibility worker for the CSHCN program sends a list of new enrollees to the state dietitian for follow-up. An internal tracking system (paper) is used for recording. In the future, plans are in the works to expand the newly developed referral log (ACCESS database) to include fields for the dietitian referral and follow-up activities. Once the database is updated, reporting counts/percents will be completed with less staff time. In three years, it is expected that 100% of all CSHCN enrolled will have been asked if they wish dietitian consultation and 60% of CSHCN program enrollees will have received dietetic consultation.

SIGNIFICANCE

The establishment of systems of services that reflect the principles of comprehensive, community-based, coordinated, family-centered care are essential for effectively fostering and facilitating activities to (1) reverse or slow the progress of chronic and disabling conditions among children; (2) minimize the complications and impact of chronic disabling conditions among children; (3) strengthen the ability of families to care for children with actual or potential chronic and disabling conditions; (4) enable children with more serious conditions to remain in the home and community-based living arrangements rather than in institutional settings, and (5) increase the emphasis on the range of services offered to CSHCN in Nevada during the shift away from direct medical (only) intervention.

SP # 11

PERFORMANCE MEASURE:

The percent of pregnant women and those who are suspected of being pregnant who are screened for Alcohol, Tobacco And Other Drugs (ATOD) and referred in Reno, NV should be decreased.

STATUS:

Active

GOAL

Reduce the percentage of pregnant women who are screened for ATOD and subsequently need referral

DEFINITION

The percent of pregnant women screened for ATOD who need referral to treatment

Numerator:

The number of women who screen positive for ATOD and referred to additional services.

Denominator:

The number of women pregnant or suspected of being pregnant who are screened for ATOD

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children's Research Triangle data base (Chicago, IL)

SIGNIFICANCE

Nevada has one of the highest rate of high-risk behaviors related to alcohol, tobacco and other drugs in the Nation. pregnant women are no exception. This initiative seeks to decrease the percentage of pregnant women who smoke, drink or use other drugs.

FORM NOTES FOR FORM 16

SPM 5. This measure is dropped as it is a duplicate of NPM 12.

SPM 7. This measure is dropped as MCH no longer oversees the primary care office and no longer has access to the data for the reporting.

FIELD LEVEL NOTES

1. **Section Number:** State Performance Measure 11

Field Name: SPM11

Row Name:

Column Name:

Year: 2009

Field Note:

Nevada has one of the highest rates of binge drinking in the nation. An initiative underway to screen pregnant women or those testing for pregnancy for ATOD has been implemented. This measure will track the success of the screening and referral process, designed to prevent adverse birth outcomes due to maternal use of ATOD.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	44.2	44.9	46.4	34.6	34.3
Numerator	730	752	833	648	667
Denominator	165,242	167,306	179,563	187,271	194,467

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

		Annual Indicator Data			
	2003	2004	2005	2006	2007
Annual Indicator	44.9	50.8	73.9	97.8	
Numerator	8,919	11,337	10,917	15,765	
Denominator	19,876	22,299	14,775	16,125	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data is from Medicaid. The numerator is higher than the denominator because Medicaid has to combine four different data sources to get "patient level" data (Health Plan of Nevada, Anthem ,Nevada Care, and FFS). There are duplicates between the data sources since Medicaid does not require lock-in enrollment period. (i.e. members can bounce between HMOs and FFS from month to month). Medicaid has no way yet of tracking the duplicates.

The denominator is an unduplicated count directly from Medicaid payment system.

Because percentage is over 100, system does not allow us to input the data so the true counts are listed below:

%= 108.3%

numerator: 17,813

denominator: 16,451

It is the expectation to get a unduplicated number by fall 2008. DHCFFP is currently involved in an initiative to import encounter records data from their HMO participants into their claims payment and data warehousing systems. The project is scheduled for completion by fall 2008.

2. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator and denominator came from Nevada Medicaid.

3. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data for this indicator is from Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>39.5</u>	<u>37.2</u>	<u>91.7</u>	<u>39.5</u>	<u>65.9</u>
Numerator	<u>5,541</u>	<u>3,064</u>	<u>881</u>	<u>456</u>	<u>1,271</u>
Denominator	<u>14,035</u>	<u>8,238</u>	<u>961</u>	<u>1,153</u>	<u>1,930</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from Nevada Check Up

- Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

This data came from Nevada Check Up, which provided data for one quarter of children less than 1 who received at least one screen. The denominator is the average monthly eligible for the same quarter (4th quarter).

- Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

This measure is from the Nevada Check Up web page for July 1, 2005, the number on the program. The number served is reported from the program.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>80.5</u>	<u>75.9</u>	<u>69.1</u>	<u>68.4</u>	<u>67.0</u>
Numerator	<u>26,957</u>	<u>26,581</u>	<u>25,667</u>	<u>26,762</u>	<u>26,949</u>
Denominator	<u>33,468</u>	<u>35,022</u>	<u>37,133</u>	<u>39,132</u>	<u>40,203</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>90</u>	<u>97.5</u>	<u>30.8</u>	<u>78.4</u>	<u>80.8</u>
Numerator	<u></u>	<u>95,000</u>	<u>43,250</u>	<u>151,261</u>	<u>154,025</u>
Denominator	<u></u>	<u>97,436</u>	<u>140,403</u>	<u>193,011</u>	<u>190,510</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure was provided by Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>15.7</u>	<u>15.6</u>	<u>26.3</u>	<u>29.7</u>	<u>35.2</u>
Numerator	<u>6,517</u>	<u>5,357</u>	<u>7,569</u>	<u>8,638</u>	<u>10,078</u>
Denominator	<u>41,429</u>	<u>34,278</u>	<u>28,746</u>	<u>29,040</u>	<u>28,670</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

data provided by Medicaid

2. Section Number: Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure was provided by Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>20.5</u>	<u>20.5</u>	<u>20.8</u>	<u>19.0</u>	<u>0.4</u>
Numerator	<u>953</u>	<u>1,054</u>	<u>1,054</u>	<u>1,044</u>	<u>22</u>
Denominator	<u>4,653</u>	<u>5,140</u>	<u>5,077</u>	<u>5,486</u>	<u>5,674</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

The number served is from the Bureau of Early Intervention Services, which is where the CSHCN program serves those on SSI (0-3 yrs old), through early intervention and the multidisciplinary clinics. The denominator is from the U.S. Social Security Administration Office of Policy, SSI Recipients by State and County 2007 for children.

- Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

The number served is from the Bureau of Early Intervention Services, which is where the CSHCN program serves those on SSI, through early intervention and the multidisciplinary clinics. The denominator is from the U.S. Social Security Administration Office of Policy, SSI Recipients by State and County 2006 for children.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NV

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Payment source from birth certificate	<u>9.3</u>	<u>4.9</u>	<u>8.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>3.8</u>	<u>5.9</u>	<u>4.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>8.4</u>	<u>74.9</u>	<u>64.7</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>73.9</u>	<u>66.7</u>	<u>67</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2007	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2007	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2007	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2007	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2007	<u>185</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Nevada's S-CHIP covers pregnant women under 18 at 200% FPL. Under its HIFA waiver it will cover 200 women a year older than 18 for pregnancy at 185% FPL.
2. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2009
Field Note:
Medicaid data was provided by the Nevada Medicaid RACC Unit.
Non-medicaid data was provided by the CHDR, extracted from the Nevada Birth Registry System
3. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
Field Note:
Medicaid data was provided by the Nevada Medicaid RACC Unit.
Non-medicaid data was provided by the CHDR, extracted as interim from the Nevada Electronic Death Registry System
4. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2009
Field Note:
Medicaid data was provided by the Nevada Medicaid RACC Unit, extracted from HEDIS. The figures include both HMOs: HPN and Anthem
Non-medicaid data was provided by the CHDR, extracted from the Nevada Birth Registry System
5. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
Medicaid data was provided by the Nevada Medicaid RACC Unit, extracted from HEDIS. The figures include both HMOs: HPN and Anthem.
Non-medicaid data was provided by the CHDR, extracted from the Nevada Birth Registry System

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

- 1. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2009
Field Note:
The state has the statutory authority but not the resources.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2003	2004	<u>Annual Indicator Data</u>		2007
Annual Indicator	8.0	8.0	8.3	8.3	8.2
Numerator	2,704	2,799	3,083	3,254	3,300
Denominator	33,605	35,147	37,259	39,260	40,332

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2005

Field Note:

final data updated in 2008

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	6.3	6.4	6.3	6.2	6.3	
Numerator	2,034	2,189	2,360	2,435	2,523	
Denominator	32,523	34,167	37,259	39,260	40,332	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes

1. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
final data updated in 2008

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
		2003	2004	2005	2006	2007
Annual Indicator		1.3	1.3	1.3	1.3	1.3
Numerator		432	441	478	525	510
Denominator		33,605	35,147	37,259	39,260	40,332
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	

Field Level Notes1. **Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

final data updated in 2008

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2003	2004	2005	2006	2007	
Annual Indicator	1.0	1.0	1.0	1.0	1.0	
Numerator	317	329	365	383	399	
Denominator	32,523	34,165	37,259	39,260	40,332	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes1. **Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

final data updated in 2008

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>10.5</u>	<u>9.4</u>	<u>9.3</u>	<u>7.8</u>	<u>7.5</u>
Numerator	<u>51</u>	<u>47</u>	<u>49</u>	<u>43</u>	<u>43</u>
Denominator	<u>483,936</u>	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data for the denominator was provided by the Nevada CHDR. Due to The Electronic Death Registry is now in the final step of implementation, breakdowns by cause of death are not yet available, the numerator reported was estimated using the methodology "rolling of percentages", based in the 2003-06 data.

2. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

As death data is not available, the rate for 2005 is estimated at this time. The CHDR feels there will not be much difference between 2005 and 2006.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>4.3</u>	<u>4.0</u>	<u>4.6</u>	<u>3.3</u>	<u>3.9</u>
Numerator	<u>21</u>	<u>20</u>	<u>24</u>	<u>18</u>	<u>22</u>
Denominator	<u>483,936</u>	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

This is an estimate based on 2005 as death data for 2006 is not available. The CHDR estimates there will not be much difference between the 2006 rate and the 2005 rate.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>26.4</u>	<u>22.0</u>	<u>24.4</u>	<u>21.5</u>	<u>22.5</u>
Numerator	<u>86</u>	<u>74</u>	<u>88</u>	<u>81</u>	<u>88</u>
Denominator	<u>325,780</u>	<u>336,900</u>	<u>361,160</u>	<u>377,360</u>	<u>391,047</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data for the denominator was provided by the Nevada CHDR. Due to The Electronic Death Registry is now in the final step of implementation, breakdowns by cause of death are not yet available, the numerator reported was estimated using the methodology "rolling of percentages", based in the 2003-06 data.

- Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

This data is an estimate based on 2005. There is no death data due to the implementation of an electronic death certificate in Nevada which is not yet complete. The CHDR feels there will be little difference between the 2005 and 2006 rate.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>229.7</u>	<u>232.5</u>	<u>162.5</u>	<u>141.7</u>	<u>129.0</u>
Numerator	<u>1,110</u>	<u>1,157</u>	<u>855</u>	<u>779</u>	<u>735</u>
Denominator	<u>483,302</u>	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

The Interim 2006 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer in June 2006. They were updated in May 2007 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2006 Total Population Estimates provided by the Nevada State Demographer in March 2007

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>32.9</u>	<u>18.1</u>	<u>35.2</u>	<u>32.4</u>	<u>19.3</u>
Numerator	<u>159</u>	<u>90</u>	<u>185</u>	<u>178</u>	<u>110</u>
Denominator	<u>483,302</u>	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Data was provided for the Nevada CHDR from the Inpatient Hospital Discharge System. CDC State Injury, Subset of hospitalizations due to injuries. ICD9 codes associated with motor vehicle accidents.

2. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

The Interim 2006 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer in June 2006. They were updated in May 2007 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2006 Total Population Estimates provided by the Nevada State Demographer in March 2007

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>103.6</u>	<u>97.1</u>	<u>145.9</u>	<u>132.0</u>	<u>88.0</u>
Numerator	<u>330</u>	<u>327</u>	<u>527</u>	<u>498</u>	<u>344</u>
Denominator	<u>318,606</u>	<u>336,900</u>	<u>361,160</u>	<u>377,360</u>	<u>391,047</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

The data was provided by the Nevada CHDR, from the CDC State Injury subset of hospitalizations due to injuries from the Inpatient Hospital Discharge System, ICD9 codes associated with motor vehicle accidents.

2. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

The Interim 2006 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer in June 2006. They were updated in May 2007 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2006 Total Population Estimates provided by the Nevada State Demographer in March 2007

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>22.7</u>	<u>20.2</u>	<u>13.1</u>	<u>14.1</u>	<u>16.7</u>
Numerator	<u>1,710</u>	<u>1,612</u>	<u></u>	<u>1,259</u>	<u></u>
Denominator	<u>75,305</u>	<u>79,608</u>	<u></u>	<u>89,473</u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from the Nevada State Health Division's STD Prevention and Control Program, STD Fast Facts 2007.

- Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The data is from the SHD Bureau of Community Health's STD program. The age ranges for this measure are not those with which Chlamydia is usually reported by the state and it took special calculations. The numerator and denominator were not supplied with the results.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2003	2004	Annual Indicator Data		2007
	2005	2006			
Annual Indicator	5.9	7.4	5.4	6.6	9.3
Numerator	2,421	3,103		3,056	4,434
Denominator	407,612	418,348		462,416	479,159

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

- Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

This is an estimate from the state STD program.

- Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

This data was supplied by the SHD's Bureau of Community Health STD Program. The age ranges required for 5A and 5B do not match the age ranges usually reported by the program for STDs, and it took a special calculation on their part to come up with the rate per 1,000. They did not supply the numerator and denominator also.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	40,675	19,269	3,229	499	2,519	0	0	15,159
Children 1 through 4	153,793	71,103	12,381	1,948	11,034	0	0	57,327
Children 5 through 9	187,396	91,283	15,105	2,583	11,516	0	0	66,909
Children 10 through 14	187,839	98,756	16,684	2,726	10,890	0	0	58,783
Children 15 through 19	192,575	101,499	17,183	3,086	11,067	0	0	59,740
Children 20 through 24	198,472	105,849	14,713	2,972	12,731	0	0	62,207
Children 0 through 24	960,750	487,759	79,295	13,814	59,757	0	0	320,125

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	25,516	15,159	0
Children 1 through 4	96,466	57,327	0
Children 5 through 9	120,487	66,909	0
Children 10 through 14	129,056	58,783	0
Children 15 through 19	132,835	59,740	0
Children 20 through 24	136,264	62,207	0
Children 0 through 24	640,624	320,125	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	75	11	19	1	1	0	0	43
Women 15 through 17	1,440	323	211	18	31	0	0	857
Women 18 through 19	2,840	875	341	47	109	0	0	1,468
Women 20 through 34	30,692	12,967	2,628	318	2,473	0	0	12,306
Women 35 or older	5,276	2,464	360	40	668	0	0	1,744
Women of all ages	40,323	16,640	3,559	424	3,282	0	0	16,418

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	32	43	0
Women 15 through 17	583	842	15
Women 18 through 19	1,372	1,432	36
Women 20 through 34	18,386	11,938	368
Women 35 or older	3,532	1,655	89
Women of all ages	23,905	15,910	508

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	198	81	34	0	6	0	0	77
Children 1 through 4	63	37	10	0	2	0	0	14
Children 5 through 9	15	9	1	0	1	0	0	4
Children 10 through 14	25	9	3	0	1	0	0	12
Children 15 through 19	75	44	12	1	0	0	0	18
Children 20 through 24	138	76	20	0	4	0	0	38
Children 0 through 24	514	256	80	1	14	0	0	163

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	121	69	8
Children 1 through 4	49	13	1
Children 5 through 9	11	4	0
Children 10 through 14	13	9	3
Children 15 through 19	57	17	1
Children 20 through 24	100	34	4
Children 0 through 24	351	146	17

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	762,279	381,910.0	64,583.0	10,841.0	47,026.0	0.0	0.0	257,919.0	2007
Percent in household headed by single parent	33.5	27.5	70.7	71.4	24.1	36.0	29.9	0.0	2007
Percent in TANF (Grant) families	10.1	60.0	31.0	2.0	2.0	0.0	0.0	5.0	2007
Number enrolled in Medicaid	154,025	105,391.0	33,545.0	2,179.0	256.0	3,846.0	2,106.0	6,702.0	2007
Number enrolled in SCHIP	41,428	8,816.0	2,592.0	371.0	938.0	0.0	26,637.0	2,074.0	2007
Number living in foster home care	10,433	7,028.0	2,848.0	177.0	219.0	0.0	0.0	161.0	2007
Number enrolled in food stamp program	40,503	22,064.0	9,299.0	6,666.0	1,133.0	333.0	333.0	675.0	2007
Number enrolled in WIC	602,784	106,019.0	45,374.0	3,058.0	10,493.0	3,837.0	70,105.0	363,898.0	2007
Rate (per 100,000) of juvenile crime arrests	4.5	76.0	20.0	1.0	2.0	0.0	0.0	1.0	2007
Percentage of high school drop-outs (grade 9 through 12)	4.6	38.9	14.1	1.5	5.3	0.0	0.0	40.2	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	504,360.0	257,919.0	0.0	2007
Percent in household headed by single parent	34.6	31.2	0.0	2007
Percent in TANF (Grant) families	62.0	38.0	0.0	2007
Number enrolled in Medicaid	94,802.0	57,215.0	2,008.0	2007
Number enrolled in SCHIP	14,791.0	26,637.0	0.0	2007
Number living in foster home care	7,941.0	2,492.0	0.0	2007
Number enrolled in food stamp program	25,373.0	15,130.0	0.0	2007
Number enrolled in WIC	238,886.0	363,898.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	21,541.0	12,845.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	59.8	40.2	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	671,779
Living in urban areas	687,362
Living in rural areas	11,947
Living in frontier areas	62,969
Total - all children 0 through 19	762,278

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
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STATE: NV

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	2,718,336.0
Percent Below: 50% of poverty	4.4
100% of poverty	6.0
200% of poverty	19.8

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	762,278.0
Percent Below: 50% of poverty	5.2
100% of poverty	8.3
200% of poverty	24.3

FORM NOTES FOR FORM 21

2007 - Please note: The Interim 2007 Population Estimates are based on 2006 Interim Population Estimates. They were updated in July 2008 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2007 Total Population Estimates provided by the Nevada State Demographer in March 2007.

2006 - Please note: The interim 2006 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer in June 2006. They were updated in July 2007 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2006 Total Population Estimates provided by the Nevada State Demographer in March 2007.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
Data was extracted from the Current Population Suvery 2007, US Census Bureau, Subset Nevada, 0-19 years old, type of family, hispanic origin and race
2. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
Data was extracted from the Current Population Suvery 2007, US Census Bureau, Subset Nevada, 0-19 years old, type of family, hispanic origin and race
3. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
This is an estimate based on the number of children enrolled in Food Stamps and the ethnicity of the general population of birth to 19 year olds.
4. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
This is an estimate by ethnicity based on the ethnicity of the general population of birth to 19 year olds.
5. **Section Number:** Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2009
Field Note:
Based on 2007 total population estimates provided by NV State Demographer.
6. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2009
Field Note:
Based on 2007 total population estimates provided by NV State Demographer.
7. **Section Number:** Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2009
Field Note:
Based on 2007 total population estimates provided by NV State Demographer.
8. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2009
Field Note:
Based on 2007 total population estimates provided by NV State Demographer.
9. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2009
Field Note:
This data comes from CPS, 2007
10. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2009
Field Note:
This data is from CPS
11. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2009

Field Note:

This data is from CPS

12. Section Number: Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2009

Field Note:

Based on 2007 total population estimates provided by NV State Demographer.

13. Section Number: Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2009

Field Note:

This data is from CPS.

14. Section Number: Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2009

Field Note:

This data is from CPS.

15. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2009

Field Note:

This data is from CPS.